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CONFIRMATION NO. 5490

SERIAL NUMBER 09/965,398	FILING OR 371(c) DATE 09/28/2001 RULE	CLASS 379	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. 20009.0077US01
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING/LICENSE GRANTED

** 02/14/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GA	4	19	3

ADDRESS

45695

TITLE

TELEPHONE WITH REMOVABLE DSL CARTRIDGE

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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